Form 025 Revised 07/01 Please Type or Print in Black Ink

STATE OF UTAH - LABOR COMMISSION
Division of Adjudication
160 East 300 South, 3rd Floor, PO Box 146615
Salt Lake City, UT 84114-6615
(801)530-6800 1-800-530-5090 TDD (801)530-7685

_____ *
Applicant (employee) *
v. * **CLAIM FOR DEPENDENTS' BENEFITS AND/OR BURIAL BENEFITS**
_____ *
Employer *
_____ *
Employer's Street Address *
_____ *
City, State, Zip *
_____ *
_____ *
Employer's Workers Compensation Insurance Carrier *

APPLICANT(S) UNDER TITLE 34A-2 APPLY(S) FOR BURIAL BENEFITS _____ , AND/OR DEPENDENTS' ALLOWANCE _____, AND ALLEGE(S):

1. That _____ sustained a fatal injury by accident or occupational disease arising out of, and in the course of, employment with the above-named employer on the _____ day of (or dates of exposure if occupational) ___ _____ at (city & state)_____; and

2. That the accident occurred in the following manner (give brief description of the accident) _____; and

3. That the decedent was earning, at the time of the accident or disability if occupational, a wage of $_____ per year/month/week/day/hour (circle one) and working _____ hours per week; and

4. That the cause of death was _____ _____; and

5. That the date of death was _____; and

6. That the decedent was born on _____: and

7. That the decedent had the following dependents at the time of the accident or occupational disease/exposure:

NAME	RELATIONSHIP	BIRTH DATE	PRESENT ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____ _____
Printed Name of Applicant

_____ _____
Printed Name of Attorney State Bar # Signature of Applicant

_____ _____
Signature of Attorney Street Address of Applicant

_____ _____
Street Address of Attorney City/State/Zip of Applicant

_____ _____
City/State/Zip/Phone Number Applicant's Phone Number Employee SSN

***** Copies of death certificate, marriage certificate, birth certificates of dependents, and decrees of divorce for deceased and surviving spouse must accompany this form.*****